Entered - 4-9-99 - sb CL - 01L0227 ALEXIS HOLMES

CLAIM OF: LEROY LEWIS

01- 2-0798

2283 Newgate Drive Decatur, Georiga 30035

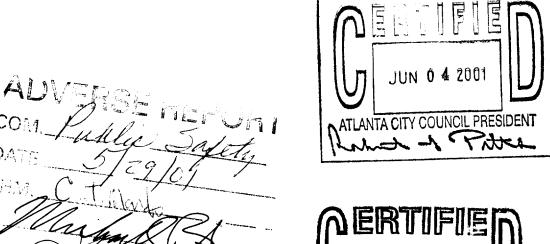
For damages alleged to have been sustained as a result of a vehicular accident on December 21, 1999 at Forsyth and Garnett Streets.

THIS ADVERSE REPORT IS APPROVED

BY: KOOQUING PUBERS NEWELL

DEPUTY CITY ATTORNEY

Y SOUNGY JUN 0 4 2001





### **DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY**

| Claim No. <u>01L0227</u>  | Date: <u>5/16/01</u>  |  |  |  |  |  |  |
|---|---|--|--|--|--|--|--|
| Claimant Wistins   LEDON LENGS  |   |  |  |  |  |  |  |
| Claimant / Victim LEROY LEWIS   |   |  |  |  |  |  |  |
| Address: 2283 Newgate Drive Decatur G   | eorgis 30035  |  |  |  |  |  |  |
| Subrogation: Claim for Property damage \$   | 2 330 92 Rodily Injury \$   |  |  |  |  |  |  |
| Date of Notice: 4/9/01 Method: V  | Vritten proper X Improper   |  |  |  |  |  |  |
| Conforms to Notice: O.C.G.A. §36-33-5 X   | Ante Litem (6 Mo.)  |  |  |  |  |  |  |
| Date of Occurrence 12/21/99 P1  | ace: Forsyth and Garnett Streets  |  |  |  |  |  |  |
| Department Public Works   | Division: Motor Transport Services  |  |  |  |  |  |  |
| Employee involved <u>Linda Monroe</u>   | Disciplinary Action: Letter of reprimand  |  |  |  |  |  |  |
| NATURE OF CLAIM: The claimant sustained vehicular damage when the driver of a City of Atlanta vehicle struck his vehicle while attempting to make a left hand turn from an outside lane. However, the claimant failed to meet the O.C.G.A. §36-33-5 Written Notice requirement when he filed his claim more than six (6) months after the event took place upon which he is alleging claims against the City. |   |  |  |  |  |  |  |
| INVESTIGATION:  |   |  |  |  |  |  |  |
| Pictures Diagrams Reports: Pol Traffic citations issued: City Driver X  | X Other X Written Oral X ice X Dept Report Other Claimant Driver se Claimant Driver |  |  |  |  |  |  |
| BASIS OF RECOMMENDATION:  |   |  |  |  |  |  |  |
| Function: Governmental X  | Ministerial Damages reasonable  |  |  |  |  |  |  |
| Improper Notice More than Six Months  | X Other Damages reasonable  |  |  |  |  |  |  |
| City not involved Offer rej   | ected Compromise settlement   |  |  |  |  |  |  |
| Repair/replacement by Ins. Co.  | ected Compromise settlement Repair/replacement by City Forces Joint Claim Abandoned |  |  |  |  |  |  |
| Claimant Negligent City Negligent   | Joint Claim Abandoned   |  |  |  |  |  |  |
| Respectfully submitted,   |   |  |  |  |  |  |  |
| ĪŊ  | Olifes Holmes  IVESTIGATOR - ALEXIS HOLMES  |  |  |  |  |  |  |
| RECOMMENDATION;   |   |  |  |  |  |  |  |
| Pay \$ Adverse X Acc  | ount charged: 1A01 V 2101 21101   |  |  |  |  |  |  |
| Pay \$ Adverse X Acc Claims Manager: // // // // // // // // // // // // //   | ount charged: 1A01 X 2J01 2H01 2H01 Concur/date 05-17-1                             |  |  |  |  |  |  |
| Committee Action:   | Council Action  |  |  |  |  |  |  |
| Committee / Iction.   | Council Action  |  |  |  |  |  |  |
| FORM 23-61  |   |  |  |  |  |  |  |

### COUNCIL OF THE CITY OF ATLANTA MUNICIPAL CLERK

City Hall 55 Trinity Avenue, S.W. Atlanta, Georgia 30335 **RE: CLAIM FOR DAMAGES** 

Today's Date: 12-29-1999

| Dea        | ar Municipal Clerk:                        |  |   |   | 4-9-01 - SB<br>ALEXIS HOLMES                           |                      |             |
|------------|--|--|---|---|--|----------------------|-------------|
| Thi<br>and | is is to notify the City                   | of Atlanta that I have bodily injur        | suffered damages in<br>y for which I conten | the amount sum of \$                          | 2,330.92   |                      | property    |
|            |  |  |   |   | 7 3. Police called:                                    | Yes                  | No          |
| 4.         | Location of incident                       | (including street addre                    | ess): FORSYTA                               | 1 ST. +                                       | GARNETT S  | T                    |             |
| 5.         | Name of your insurar                       | nce company:                               | sico  |   | Policy No. <u>23</u>                                   | 28977                |             |
| 6.         | State what and how i                       | ncident occurred: 1                        | - No.#1 V                                   | HICLE HAD                                     | TURNED ON  | SARNET               | 751         |
|            | VBHICLE #2                                 | WAS STOPPE                                 |   |   | VEHICLE #2 V   |                      |             |
|            | STRIKING N                                 | 15.  |   |   |  |                      |             |
| 7.         | ALL ESTIMATES<br>RESULT IN YOUR            | AND DAMAGES A                              | RE SUBJECT TO                               | INSPECTION. THE                               | IE MAKING OF FAI                                       | LSE CLAIM            | s will      |
| 8.         | The registered owner proof of ownership o  | f your vehicle (copy o                     | of the current tag reco                     | eipt or title).                               | wing and attach two (2)                                | estimates of r       | epair and   |
|            | Your vehicle:(                             | 7 <u>RD</u><br>Make)                       | 1990<br>(Year)                              | 904LAZ<br>(Tag Number)                        | Driver's Name  | W15                  |             |
|            |  | Make)                                      |   |   | BURBAU OF TRA  | ISPORT S             | ERVI        |
| 9.         | Witness:                                   |  |   |   |  |                      |             |
|            | (  | Name)                                      | (Address)                                   |   | (Telephone Nu  | mber)                |             |
| 10.        | The acknowledgment State law, nor is it an | it of this claim in admission of liability | no way waives th<br>on behalf of the City   | e Sovereign immuni<br>y of Atlanta and/or its | ty of the City of At employee(s).                      | lanta, as gra        | inted by    |
| 11.        | This claim should be                       | e mailed immediately                       | to the address sho                          | wn above.                                     |  |                      |             |
|            |  | OR AFFIRM THAT                             |   | LER   | Print Claimant's Nam                                   | e)                   | <del></del> |
|            | Signature of Claiman                       | Perh                                       |   | 2283N   | EVGATE (Address)                                       | K                    |             |
|            | /  |  |   | DECATUR                                       | BA 3003  | 35                   |             |
|            | 01-  | ₯ -0798                                    |   |   | City, State and Zip Cod                                | le)                  |             |
|            |  |  |   | 404-562-1<br>(Work Number                     | $\frac{20/5}{\text{er}} \qquad \frac{678}{\text{(Ho}}$ | 524-8<br>ome Number) | 012         |



RHONDA DAUPHIN JOHNSON, CMC MUNICIPAL CLERK

June 19, 2001

55 TRINITY AVENUE, S.W. SECOND FLOOR, EAST SUITE 2700 ATLANTA, GEORGIA 30335 (404) 330-6033 FAX (404) 658-6103

Leroy Lewis 2283 Newgate Drive Decatur, Georiga 30035

01-R-0798

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Dear Mr. Lewis:

I sincerely regret that you have been adversely affected by the circumstances raised in your claim for damages against the City of Atlanta. Your time and patience in this matter has been greatly appreciated.

However, I must notify you that the Atlanta City Council Adopted an Adverse Report on your claim at its regular meeting on June 4, 2001. In consultation with the City's Law Department, who conducted an investigation of the situation, the Council has determined that the City cannot accept responsibility for this matter and therefore cannot pay this claim.

If you desire any further information, please contact the City Attorney's Office/Claims Division at (404) 330-6400.

Sincerely,

Rhonda Dauphin Johnson, CMC

Municipal Clerk

cc: Claims Division/Law Department

Rhonda Dauphin Johnson

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RCS# 2912 6/04/01 2:56 PM

#### Atlanta City Council

: ;

Regular Session

CONSENT

Pages 1 thru 12

ADOPT

SEE ATTACHED LISTING OF ITEMS ADOPTED/ADVERSED ON CONSENT AGENDA

YEAS: 12
NAYS: 0
ABSTENTIONS: 0
NOT VOTING: 1
EXCUSED: 0
ABSENT 3

(nanimous

| Y McCarty | B Dorsey  | Y Moore   | Y Thomas    | ITEM (S) REMOVED FROM CONSENT AGENDA 01-O-0653 01-O-0663 01-O-0664 01-O-0835 01-R-0181 01-R-0851 |
|-----------|-----------|-----------|-------------|--|
| Y Starnes | Y Woolard | Y Martin  | Y Emmons    |  |
| Y Bond    | B Morris  | Y Maddox  | Y Alexander |  |
| Y Winslow | Y Muller  | B Boazman | NV Pitts    |  |

## ITEMS ADOPTED ON CONSENT AGENDA

# 06/04/01 Council Meeting ITEMS ADVERSED

ON CONSENT AGENDA

- 1. 01-0-0821
- 2. 01-0-0834
- 3. 01-O-0833
- 4. 01-0-0492
- 5. 01-0-0671
- 6. 01-O-0717
- 7. 01-0-0825
- 8. 01-0-0826
- 9. 01-0-0837
- 10. 01-R-0832
- 11. 01-R-0308
- 12. 01-R-0836
- 13. 01-R-0784 14. 01-R-0785
- 15. 01-R-0822
- 16. 01-R-0352
- 17. 01-R-0792
- 18. 01-R-0846
- 19. 01-R-0794
- 20. 01-R-0795

- 21. 01-R-0796
- 22. 01-R-0797
- 23. 01-R-0798
- 24. 01-R-0799
- 25. 01-R-0800
- 26. 01-R-0801
- 27. 01-R-0802
- 28. 01-R-0803
- 29. 01-R-0804
- 30. 01-R-0805
- 31. 01-R-0806 32. 01-R-0807
- 33. 01-R-0808
- 34. 01-R-0891
- 35. 01-R-0810
- 36. 01-R-0811
- 37. 01-R-0812
- 38. 01-R-0813
- 39. 01-R-0814
- 40. 01-R-0815
- 41. 01-R-0816
- 42. 01-R-0817